Eligibility Requirements:

- Application is open ONLY to African American students, ages 17-30, who are Michigan residents.
- Applicant must be a high school senior accepted to an accredited college/university or a medically related program (e.g., medical technician, physician’s assistant, etc.) or
- Must be a college student admitted to a medically related professional program; e.g., nursing, medicine, physical or occupational therapy, AND
- Must submit an official transcript with G.P.A., AND
- Must have a minimum overall G.P.A. of 3.0.

Note: A personal interview is required.

TLCF RECIPIENTS MAY ONLY RECEIVE THE AWARD TWICE.

Application Procedures:

Applicants must submit the following:

- a completed application (available at www.thomlatimercares.org)
- a copy of the acceptance letter or proof of attendance from the student’s college/university or medically related program (last grade report or college transcript)
- two letters of recommendation on official stationery from school, community, and/or church representatives
- a brief essay on why you should be awarded the scholarship
- an official transcript with G.P.A.

The application deadline is Friday, January 29, 2021. Completed application packets, including all of the items listed above, must be received by the deadline date and sent to:

Thomara Latimer Cancer Foundation
Franklin Plaza Center
29155 Northwestern Hwy #528
Southfield, Michigan 48034-1066

For additional information, please feel free to call: (248) 557-2346 or e-mail us at www.thomlatimercares.org

Recipients of the Scholarship Award will be notified by Friday, February 12, 2021. Recipients must attend the Annual Scholarship Gala, Saturday, March 20, 2021, 6:00 p.m., to receive award. Depending upon the status of the Covid-19 Pandemic, gala may have to be postponed or cancelled.

Note: AWARD MUST BE USED BY MARCH 20, 2022.
Thomara Latimer Cancer Foundation
Scholarship Application

PERSONAL INFORMATION

Applicant's Name
_________________________________________
(Last)             (First)             (Middle)

Home Address:
_________________________________________
Street #      City    State    Zip Code         Telephone
_________________________________________

Your Univ. /College Address City State/Zip Code
(____)______________________________________
Telephone Number / Birth date (Month/Day/Year)
_________________________________________

Your E-mail address
_________________________________________

School Currently Attending

_________________________________________
Address               City                State      Zip Code

Family/Legal Guardian Data:
Mother:

_________________________________________
Name (Last)              (First)             (Middle)
_________________________________________
Address Street# City
State                  Zip Code             Telephone Number
_________________________________________

Employer Occupation

Father:

_________________________________________
Name (Last) (First) (Middle)
_________________________________________
Address Street# City
State                  Zip Code             Telephone Number
_________________________________________

Employer Occupation

Cancer Survivor?   Yes------No ------

APPLICANT’S EDUCATIONAL BACKGROUND

High School Students Only
Name of High School:

_________________________________________
Graduation year and month_______ ACT Score
and/or SAT
_________________________________________
Current high school grade point average:_______
Name and address of College/University, or medically
related program you plan to attend:
_________________________________________
Have you been accepted?   _____Yes   _____No
Intended Major or field of study:

_________________________________________

Extra Curricular Activities
Honors/Awards/Special Recognitions

_________________________________________
_________________________________________
Have you received TLCF award before?   ____Yes
_____No
If yes, what year? _____

Community Involvement (Volunteer, Group Projects,
Church Activities)

_________________________________________
_________________________________________
_________________________________________

COLLEGE/POST HIGH SCHOOL STUDENTS ONLY

Name of university/college OR Medically related program
in which you are currently enrolled or planning
to attend:

_________________________________________
University/College Classification (please check):
Freshman ___ Sophomore ___ Junior ___ Senior ___
Graduate ___ Other ___

Last semester/term attended: Fall ___ Winter ___
Spring ___ Summer ___ Year: _____

I am next planning to attend: Fall ___ Winter ___
Spring ___ Summer ___ Year: _____

Major or field of study:

_________________________________________

G.P.A._______

_________________________________________

Applicant’s Signature

Submit to: Thomara Latimer Cancer Foundation
Franklin Plaza Center
29155 Northwestern Hwy #528
Southfield, Michigan 48034-1006

Application Deadline – December 29, 2020

Note: AWARD MUST BE USED BY MARCH 21, 2022.